1162547

FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL

OMB Number:

Expires:

Estimated average burden Hours per form

SEC USE ONLY

Prefix

Serial

DATE RECEIVED

	apply): □Rule 504	☐ Rule 505	X Rule 506	☐ Section 4(6)	□ ULOE
Type of Filing: X New Filing					CESSED
		<u>C IDENTIFICATION</u>	N DATA	TA.	90.00
 Enter the information requeste Name of Issuer (Check if this is an 		1 1: 1: . 1			11 25 2003
Surfside Funding Corporation		ianged, and indicate chan	ige.)	, 10)r 20 5000
Address of Executive Offices		, City, State, Zip Code	Telephone Nun	ber (Including Area C	MOZMOHITO
1101 Dove Street, Suite 170, Ne	,		(949) 797-01		FINANCIAL
Address of Principal Business Operati				nber (Including Area	Code (if different fro
Executive Offices)		, ,	•	` ~	NEGENCES (
1101 Dove Street, Suite 170, Ne	ewport Beach, California	a 92660			21.40 0 / 000
Brief Description of Business Origination, funding, and servi	ising of now and swisting	≈ a loons soouned by no	al muanants	11	JUL 2 4 200
Type of Business Organization	icing of new and existing	g toans secured by re	ai property	1/2	
X corporation	☐ limited partner	rship, already formed		O other (please	specify):
□ business trust		rship, to be formed		□ other (please	181/5
D Odomess trast	bilinica partitor	Month Yea		* ****	
A -41 T-4:+-4 D-46T					
Actual or Estimated Date of Incor				stimated	₩
furisdiction of Incorporation or O					
	CN for Ca	anada: FN for other for	reign jurisdiction)	
GENERAL INSTRUCTIONS Who Must File: All issuers making or 15 U.S.C. 77d(6). When to File: A notice must be file	J	•	-		17 CFR 230.501 et se
Securities and Exchange Commiss address after the date on which it is	sion (SEC) on the earlier of	f the date it is received nailed by United States	urities in the offe by the SEC at th registered or cert	ring. A notice is dee e address given belo fied mail to that add	med filed with the U. w or, if received at th
When to File: A notice must be file Securities and Exchange Commiss address after the date on which it is Where to File: U.S. Securities and					med filed with the U. w or, if received at th ress.
	d Exchange Commission, 4	50 Fifth Street, NW, W	ashington, D.C.	20549.	
Where to File: U.S. Securities and Copies Required: Five (5) copies of must be photocopies of the manual Information Required: A new filin	d Exchange Commission, 4 of this notice must be filed v lly signed copy or bear typ- ng must contain all informat	50 Fifth Street, NW, Whith the SEC, one of wheed or printed signatures tion requested. Amends	Vashington, D.C. ich must be manus. ments need only r	20549. ally signed. Any coperort the name of the	ies not manually signe
Where to File: U.S. Securities and Copies Required: Five (5) copies of must be photocopies of the manual Information Required: A new filin changes thereto, the information re and the Appendix need not be filed	d Exchange Commission, 4 of this notice must be filed vally signed copy or bear typing must contain all informate equested in Part C, and any d with the SEC.	50 Fifth Street, NW, Whith the SEC, one of wheed or printed signatures tion requested. Amends	Vashington, D.C. ich must be manus. ments need only r	20549. ally signed. Any coperort the name of the	ies not manually signe
Where to File: U.S. Securities and Copies Required: Five (5) copies of must be photocopies of the manual Information Required: A new filing changes thereto, the information reand the Appendix need not be filed Filing Fee: There is no federal filing State: This notice shall be used to indicate adopted ULOE and that have adopt where sales are to be, or have been amount shall accompany this form	d Exchange Commission, 4 of this notice must be filed vally signed copy or bear typing must contain all informate quested in Part C, and any d with the SEC. In the reliance on the Uniform ted this form. Issuers relying made. If a state requires the This notice shall be filed.	50 Fifth Street, NW, Whith the SEC, one of wheel or printed signatures tion requested. Amends material changes from Limited Offering Exemples on ULOE must file a e payment of a fee as a public din the appropriate state.	Vashington, D.C. ich must be manus. ments need only r the information r aption (ULOE) for separate notice we precondition to the	20549. ally signed. Any copeport the name of the reviously supplied in a sales of securities in the Securities Added the claim for the exempton.	issuer and offering, and Parts A and B. Part in those states that haministrator in each station, a fee in the prop
Where to File: U.S. Securities and	d Exchange Commission, 4 of this notice must be filed vally signed copy or bear typing must contain all informate quested in Part C, and any d with the SEC. In the reliance on the Uniform ted this form. Issuers relying made. If a state requires the property of the completed.	50 Fifth Street, NW, Whith the SEC, one of wheel or printed signatures tion requested. Amends material changes from Limited Offering Exemples on ULOE must file a e payment of a fee as a part of the appropriate state ATTENTION	vashington, D.C. ich must be manus. ments need only rethe information purposed to the separate notice we precondition to the less in accordance	20549. ally signed. Any copeport the name of the reviously supplied in a sales of securities in the Securities Additionally the sales and the securities and the securities and the securities and the sales and the sales.	issuer and offering, and Parts A and B. Part in those states that haministrator in each station, a fee in the propagation of the motification in the propagation.

	******	A RASIC IDEN	TIFICATION DA	ТА	
Each beneficial owne of the issuer:	issuer, if the is r having the pov	ollowing: suer has been organize wer to vote or dispose, o	ed within the past five yor direct the vote or disp	years: position of, 10% or	more of a class of equity securities
Each general managi					F
Check Box(es) that Apply:	☐ Promoter	X Beneficial Owner	X Executive Officer	X Director	☐ General and/or Managing Partner
Full Name (Last name first, Carp, Sidney	f individual)				
Business or Residence Address	ess (Number ar	nd Street, City, State, Z	Lip Code)		
1101 Dove Street, Suite 17					
Check Box(es) that Apply:		X Beneficial Owner	X Executive Officer	X Director	☐ General and/or Managing Partner
Full Name (Last name first, <u>Carp, Rita</u>	f individual)				
Business or Residence Addre	ess (Number ar	nd Street, City, State, Z	Lip Code)		
1101 Dove Street, Suite 17	0, Newport Be	ach, California 92660	0		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number at	nd Street, City, State, Z	Cip Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Address	ess (Number ar	nd Street, City, State, Z	Zip Code)	.,	
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addre	ess (Number ar	nd Street, City, State, Z	Cip Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	f individual)				
Business or Residence Addr	ess (Number an	nd Street, City, State, Z	Lip Code)		, , , , , , , , , , , , , , , , , , , ,
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number ar	nd Street, City, State, Z	Lip Code)		
	(Use blank sl	neet, or copy and use a	dditional copies of this	sheet as necessary.)

SEC 1972 (1/94)

					B. INFO	DRMATI	ON ABOU	JT OFFI	ERING				
1 Heat	ha innuar	sold or d	oes the iss	suar intan	ud to cell :	to non noo	raditad ins	estors in	thic offeri	na?			Yes No X □
1. 1145 (ic issuei	solu, or u	oes the is:				redited inv						∆ ∪
2. What	is the mi	nimum in	vestment										\$20,000
3. Does	the offer	ing permi	t ioint ow	nership o	f a single	unit?							Yes No X □
			-	-	_								_
remui perso:	neration i n or agen	for solicita t of a brol	ation of p	urchasers ler registe	in conne	ction with he SEC an	sales of sed d/or with a	curities i	n the offe tates, list	ring. If a the name	of the bro	be listed i ker or deale	ssion or similar is an associated er. If more than er or dealer only.
Full Nam	e (Last n	ame first,	if individ	lual)			_			7.5			
	N/A												
Business	or Resid	ence Add	ress (Nui	mber and	Street, Ci	ty, State, 2	Zip Code)						
Name of	A	- 1 D 1	D1-									#II#/r-	
Name of	Associati	ea Broker	or Deale	Г									
States in	Which P	erson List	ed has So	licited or	Intends to	Solicit P	urchases						
`													All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]		[ID]	
[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Business				-	Street, Ci	ty, State, 2	Zip Code)						
Name of	Associat	ed Broker	or Deale	r									
States in	Which P	erson List	ed has So	olicited or	Intends to	o Solicit P	urchases						
(Chec	k "All St	ates" or c	heck indi	vidual Sta	ites								All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	$[\mathbb{D}]$	
[IL] [MT]		[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA]	[ME]	[MD] [NC]	[MA]	[MI]	[MN] [OK]	[MS] [OR]	[MO] [PA]	
[RI]	[NE] [SC]	[SD]	[TN]	[TX]	[NM] [UT]	[NY] [VT]	[VA]	[ND] [WA]	[OH] [WV]	[WI]	[WY]	[PR]	
Full Nam	ne (Last n	ame first,	if individ	lual)							<u></u>	<u></u>	
Business	or Resid	ence Add	ress (Nui	mber and	Street, C	ty, State, 2	Zip Code)						· · · · · · · · · · · · · · · · · · ·
Name of	· A i -+	ad Dayles	. a. Daala					3					
Name of	Associat	eu Brokei	or Deale	Γ									
						o Solicit P	urchases						
		ates" or c				CT			rer 7				All States
[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]	
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[wɪ]	[WY]	[PR]	

(use blank sheet, or copy and use additional copies of this sheet, as necessary.)

_	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES	S AND USE OF PROCE	EEDS
1.	Enter the aggregate offering price of securities included in this offering and the total amount alresold. Enter "O" if answer is "none" or "zero." If the transaction is an exchange offering, check this and indicate in the columns below the amounts of the securities offered for exchange and alreexchanged.	box	
	Type of Security	Aggregate Offering Price	Amount Alread Sold
	Debt	\$0-	\$ <u>-0-</u>
	Equity	\$ <u>-0-</u>	\$ <u>-0-</u>
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$ <u>-0-</u>	\$ <u>-0-</u>
	Partnership Interests	\$0-	\$ <u>-0-</u>
	Other (Specify Undivided Participating Interests in Mortgage Loan)	\$ 1,400,000	\$ 1,400,000
	Total	\$_1,400,000	\$ 1,400,000
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate number of persons who have purchased securities and the aggregate dollar amount of their purchase the total lines. Enter "0" if answer is "none" or "zero	ethe	
		Number of Investors A	Aggregate Dollar mount of Purchases
	Accredited Investors	14	\$_1,388,000
	Non-accredited Investors	1	\$ 12,000
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securi sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the sale of securities in this offering. Classify securities by type listed in Part C-Question	first	
	Type of Offering	Type of Security	Dollar Amou Sol
	Rule 505	-0-	\$0-
	Regulation A	- 0 -	\$ <u>-0-</u>
	Rule 504	0-	\$0-
	Total	<u>-0-</u>	\$0-
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securi in this offering. Exclude amounts relating solely to organization expenses of the issuer. Information may be given as subject to future contingencies. If the amount of an expenditure is known, furnish an estimate and check the box to the left of the estimate.	The	
	Transfer Agent's Fees		\$0-
	Printing and Engraving Costs		\$0-
	Legal Fees		\$0
	Accounting Fees		\$0-
	Engineering Fees		\$0-
	Sales Commissions (specify finders' fees separately)		\$0-
	Other Expenses (identify)		\$0-

\$ -0-

Total

	C. OFFERING PRIC	E, NUMBER O	F INVESTO	RS, EXPENS	SES AN	D USE O	F PROC	CEEDS.	
	and total expenses furnished in response to	Part C - Question	1.a. This differ	ence				\$ 1,400,000	
5.	each of the purposes shown. If the amount the box to the left of the estimate. The	for any purpose is no total of the payment	ot known, furnis is listed must e	sh an estimate an	d check				
	P. 300.00 to 2.0 100.00 200.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100						,		
					Ī	Directors &		Payments To Others	
	Salaries and fees					\$0-		□ \$ <u>-0-</u>	_
	Purchase of real estate					\$ <u>-0-</u>		□ \$ <u>-0-</u>	_
	Purchase, rental or leasing and ins	tallation of machine	ry and equipme	ent		\$ <u>-0-</u>		□ \$ <u>-0-</u>	
	Construction or leasing of plant bu	ildings and facilities	3			\$ <u>-0-</u>		□ \$ <u>-0-</u>	
	offering that may be used in excha	nge for the assets of	securities of ar	nother	_				
	issuer pursuant to a merger)					\$ <u>-0-</u>		⊔ \$ <u>-0-</u>	
	Repayment of indebtedness					\$ <u>-0-</u>		□ \$ <u>-0-</u>	
	Working capital					\$ <u>-0-</u>		□ \$ <u>-0-</u>	<u> </u>
	Other (specify): Making loan to	borrower				\$ <u>-0-</u>		X \$ 1,400,000	
	Column Totals					\$ <u>-0-</u>		X \$ 1,400,000	
	Total Payments Listed (column to	tals added			••••••		<u>X</u> \$ <u>1,</u> 4	400,000	
_		D . F	EDERAL S	IGNATURE					
i٤	gnature constitutes an undertaking by the	Salaries and fees Salaries and							
I	issuer (Print or Type)	Signature	$V \cap I$			7	Date		
	SURFSIDE FUNDING CORPORATION	A	MM		LØ.	P	July 1	16, 2003	
1	Name of Signer (Print or Type)	Title of Signer (Print or	Type)	<i>''</i> / ,					
1	Sidney I. Carp	President	H	<i>[[]][[]</i>		Con	P		
		-							
				ı					

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E.	STA	TE	ST	GNA	T	URE

1.	Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions of	of si	uch
	rule?	s	No

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature Date
Surfside Funding Corporation	July 16, 2003
Name of Signer (Print or Type)	Title of Signer (Print or Type)
Sidney I. Carp	President ////////////////////////////////////

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

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APPENDIX

1	Intend to se to non-accr investors in (Part B-Iten	nd to sell Type of security and aggregate stors in State Type of security and aggregate amount purchased in State					5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item I		
State	Yes	No	Undivided Participating Interests in Mortgage Loan	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA	X			14	\$1,388,000	1	\$12,000		х
со									
СТ									
DE									
DC									
FL							•		
GA									
НІ									
D									
止									
IN									
IA									
KS									
KY									
LA									
ME									
MD									
MA									
М									
MN									
MS								-	
МО									

1	Intend to so to non-accordinvestors in (Part B-Ite	redited 1 State	Type of security and aggregate offering price offered in state (Part C-Item 1)	4 Type of invest amount purcha (Part C-Item 2	of investor and nt purchased in State			5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item I		
MT										
State	Yes	No	Undivided Participating Interests in Mortgage Loan	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No	
NE										
NV										
NH										
NJ										
NM										
NY										
NC										
ND										
ОН										
OK										
OR										
PA										
RI										
SC										
SD										
TN										
TX										
UT										
VT										
VA										
WA										
wv										
wı										
WY										
PR										